STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G699	A. BUILDING 00 B. WING	03/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC OF NORTHWEST INDIANA INC, THE	6101 HAYES ST MERRILLVILLE, IN 46410

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was a post certification revisit to a fundamental recertification and state licensure survey conducted on January 9, 2012. Dates of Survey: March 8 and 9, 2012. Facility number: 003132 Provider number: 15G699 AIM number: 200372010 Surveyor: Christine Colon, Medical Surveyor III/QMRP The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/26/12 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0248	483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on observation, record review and interview, the facility failed to have an updated Individual Support Plan (ISP) for 3 of 4 clients residing at the group home (clients #1, #2 and #3), available for all staff who worked at the group home. Findings include: A morning observation was conducted at the group home on 3/9/12 between 7:00 A.M. and 8:20 A.M.. From 7:00 A.M. until 8:20 A.M., client #3 walked around the home with no activity or interaction. Client #1 sat in a wheelchair in the middle of the kitchen/dining room with no activity or interaction. A review of client #1's record was conducted at the group home on 3/9/12 at 8:00 A.M.. Review of client #1's record indicated a most current ISP dated 1/12/11. No further documentation was available for review to indicate a more current ISP was available for staff who worked with the client at the group home. A review of client #2's record was	W0248	Support Plans for clients #1, 2, 3, & 4 are at the group home and available for all staff who works at the group home. To ensure future compliance, Service Coordinator will audit files annually and update as necessary.	03/30/2012

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	conducted at the group home on 3/9/12 at 8:05 A.M.. Review of client #2's record indicated a most current ISP dated 1/6/11. No further documentation was available for review to indicate a more current ISP was available for staff who worked with the client at the group home. A review of client #3's record was conducted at the group home on 3/9/12 at 8:08 A.M.. Review of client #3's record indicated a most current ISP dated 1/12/11. No further documentation was available for review to indicate a more current ISP was available for staff who worked with the client at the group home. Interview with Direct Service Professional (DSP) #1 was conducted on 3/9/12 at 8:10 A.M.. After looking through all of the records at the group home, DSP #1 indicated the mentioned ISPs were the most current available for the group home staff. A review of client #1's record was conducted at the administrative office on 3/9/12 at 10:10 A.M.. Review of client #1's record indicated a most current ISP dated 12/15/11. A review of client #2's record was conducted at the administrative office on 3/9/12 at 10:05 A.M.. Review of client			

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	#2's record indicated a most current ISP dated 12/9/11. A review of client #3's record was conducted at the administrative office on 3/9/12 at 10:15 A.M.. Review of client #3's record indicated a most current ISP dated 12/21/11. An interview with the Service Coordinator (SC) was conducted on 3/9/12 at 10:50 A.M.. The SC indicated the group home staff should have the updated ISPs for clients #1, #2 and #3. This deficiency was cited on 1/9/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)			

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W0249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to implement training objectives during times of opportunity for 1 of 2 sampled clients and 1 additional client (clients #1 and #3). Findings include: A morning observation was conducted at the group home on 3/9/12 between 7:00 A.M. and 8:20 A.M.. From 7:00 A.M. until 8:20 A.M., client #3 walked around the home with no activity or interaction. Client #1 sat in a wheelchair in the middle of the kitchen/dining room with no activity or interaction. Client #3 did not communicate in his home. Group home staff #1 and #2 did not use a communication book/signs to communicate with client #3 and did not encourage him to participate in group communication during the entire observation. A review of client #1's record was conducted at the facility's administrative	W0249	Service Coordinator will retrain DSPs on implementing training objectives during times of opportunity. To ensure future compliance, Service Coordinator will monitor twice monthly for three months, then monthly thereafter.	03/30/2012

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	office on 3/9/12 at 9:55 A.M.. Review of client #1's Individual Support Plan (ISP) dated 12/15/11 indicated the following: "Will continue to learn about his medications...Will learn to brush his teeth after breakfast and dinner...Will learn to independently toilet self...Will continue to make a salad...Will continue to choose matching clothes to wear in public and to workshop...Will make a purchase verbally twice a month." A review of client #3's record was conducted at the facility's administrative office on 3/9/12 at 10:15 A.M.. A review of client #3's record indicated he was nonverbal. Review of client #3's Individual Support Plan (ISP) dated 12/21/11 indicated the following: "Will continue to work with his communication book using pictures and signs...Will continue to engage in group communication activity daily." An interview with the Service Coordinator (SC) was conducted on 3/9/12 at 10:50 A.M.. The SC indicated all clients living at the group home have active treatment objectives and further indicated all staff should implement clients' goals at all times of opportunity. The SC further indicated staff should interact with clients at all times.			

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	This deficiency was cited on 1/9/12. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)			